



REQUEST FOR INFORMATION FROM INDIANA DEPARTMENT OF REVENUE

State Form 34970 (R5 / 6-07) / FI 0019

Prescribed by the Division of Family Resources, Family and Social Services Administration

The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300.

* Your Social Security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. This form is to be used by the Family and Social Services Administration to obtain information from the Indiana Department of Revenue regarding the income of an applicant for or recipient of public assistance.
 2. The Family and Social Services Administration is to complete three (3) copies of this form, send the original and one (1) copy to the Department of Revenue, and file the second copy in the case record of the subject of the inquiry.
 3. The Department of Revenue is requested to enter any available information on the forms and return the original to the Family and Social Services Administration. The copy may be retained for Department of Revenue files.

To Indiana Department of Revenue 100 North Senate Avenue, Room N248 Indianapolis, IN 46204		From _____ Division of Family Resources, Family and Social Services Administration
Case number	Social Security number *	Date (month, day, year)
Name of applicant / recipient		
Address of applicant / recipient (number and street, city, state, and ZIP code)		
<p>The above-named person has applied for or is now receiving public assistance. In accordance with IC 6-8.1-7-1 (c), we request information regarding the income of this person as shown on the current Individual Income Tax Return.</p> <p><i>Please complete the information below and return to this office.</i></p>		
Signature of Regional Manager or designee		Date signed (month, day, year)

RESPONSE FROM INDIANA DEPARTMENT OF REVENUE

Date of response (month, day, year)			
The above-named person is shown on the Individual Income Tax Return dated _____ to have the following income. (month, day, year)			
SOURCE	AMOUNT	SOURCE	AMOUNT
	\$		\$
	\$		\$
	\$		\$
Signature of Deputy Commissioner of Department of Revenue		Date signed (month, day, year)	